

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT—LONG FORM

AND

CONSOLIDATED CAMPAIGN STATEMENT (Government Code Sections 84200-84217)

Type or Print in Ink

Statement covers period 1/1/88 through 3/3/88

PAGE 1 OF 19



FORM 490
1988

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED.

☐ PRE-ELECTION STATEMENT

☒ SEMI-ANNUAL STATEMENT

☐ SPECIAL ODD-YEAR CAMPAIGN REPORT

☐ TERMINATION STATEMENT

Attach a Form 415 to this Form 490.

☐ SUPPLEMENTAL PRE-ELECTION

STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

RECEIVED

1988 MAR -2 PM 3:43

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

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DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)

4-12-88

TOTAL PAGES

19

A

OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER

Susan Hitchcock Akin

OFFICE SOUGHT OR HELD (include location and district number if applicable)

Lodi City Council

RESIDENTIAL ADDRESS NO. AND STREET

141 S. Avena

CITY

Lodi

STATE

Ca.

ZIP CODE

95240

AREA CODE / PHONE NUMBER

209-334-9362

BUSINESS ADDRESS NO. AND STREET

same as above

CITY

STATE

ZIP CODE

AREA CODE / PHONE NUMBER

II CONTROLLED COMMITTEES* INCLUDED IN THIS CONSOLIDATED REPORT (IF APPLICABLE)

NAME OF COMMITTEE

Committee for Susan Hitchcock Akin

ID NUMBER

not yet qualified

ADDRESS OF COMMITTEE NO. AND STREET

141 S. Avena

CITY

Lodi

STATE

Ca.

ZIP CODE

95240

AREA CODE / PHONE NUMBER

209-334-9362

NAME OF TREASURER

Nancy Wall

PERMANENT ADDRESS OF TREASURER NO. AND STREET

1026 Port Ormensea Circle

CITY

Lodi

STATE

Ca.

ZIP CODE

95240

AREA CODE / BUSINESS PHONE NUMBER

209-334-1101

NAME OF COMMITTEE

ID NUMBER

ADDRESS OF COMMITTEE NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE / PHONE NUMBER

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE / BUSINESS PHONE NUMBER

* A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.

Attach additional information on appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
			YES	NO

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

CANDIDATE OR OFFICEHOLDER:

I have used all reasonable diligence and, if one or more controlled committees are included in this report, to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3-1-88 at Lodi, Ca.

by

Susan Hitchcock Akin
(Signature of Candidate or Officeholder)

TREASURER(S) (if applicable):

I have used all reasonable diligence in preparing this Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3-1-88 at Lodi, Ca.

by

Nancy Wall
(Signature of Treasurer)

Executed on _____ at _____

by

(Signature of Treasurer)

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM THROUGH

2-4-88 3-3-88

I.D. NUMBER (IF COMMITTEE)

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Susan Hitchcock Akin

CONTRIBUTIONS RECEIVED

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
1. Monetary contributions	\$ 0	\$ 185.00 SCHEDULE A, LINE 3	\$ 185.00
2. Loans received	0	500.00 SCHEDULE B, LINE 7	500.00
3. SUBTOTAL CASH RECEIPTS	\$ 0 LINES 1 + 2	\$ 685.00 LINES 1 + 2	\$ 685.00
4. Non-monetary contributions	0	— SCHEDULE C, LINE 3	—
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	0 LINES 3 + 4	— LINES 3 + 4	— LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below)	0	— SCHEDULE D, LINE 1	—
7. TOTAL CONTRIBUTIONS	\$ 0 LINES 5 + 6	\$ 685.00 LINES 5 + 6	\$ 685.00 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)

EXPENDITURES MADE

8. Payments	\$ 0	— SCHEDULE E, LINE 5	—
9. Loans Made	0	— SCHEDULE EE, LINE 7	—
10. SUBTOTAL	0 LINES 8 + 9	— LINES 8 + 9	— LINES 8 + 9
11. Accrued expenses (unpaid bills)	0	— SCHEDULE F, LINE 5	—
12. TOTAL EXPENDITURES	\$ 0 LINES 10 + 11	\$ 0 LINES 10 + 11	\$ 0 LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B)

*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK
EXCEPT FOR LINES 2, 6, 9 AND 11.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.)	\$ 0	
14. Cash receipts this period (Line 3, Column B above)	685.00	
15. Miscellaneous increases to cash (Schedule G, Line 4)	0	
16. Cash payments this period (Line 10, Column B above)	0	
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.)		\$ 685.00
18. Amount of loan guarantees received (Schedule B, Part I, Column (b))		\$ 500.00
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse		\$ 0
20. Outstanding debts (Line 2 + Line 11 of Column C above)		\$ 500.00

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

21. CONTRIBUTIONS RECEIVED:

22. EXPENDITURES MADE:

1/1 THRU 6/30

7/1 TO DATE

PAGE 4 OF 10

2-4-88 3-3-88

I.D. NUMBER (IF COMMITTEE)

not yet qualified

SUBTOTAL

\$ 100.00

85.00

\$ 185.00

(Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page.

SCHEDULE B -- LOANS RECEIVED (PART 1)
FORM 420 OR 490
(Amounts May Be Rounded To Whole Dollars)

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STATEMENT COVERS PERIOD

FROM 2/4/88 THROUGH 3/3/88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Susan Hitchcock Akin

I.D. NUMBER (IF COMMITTEE)

PART I: LOANS RECEIVED

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION	INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMULATIVE TO DATE
		EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)				
<u>2/22/88</u>	<u>David & Susan Akin</u> <u>141 S. Avena</u> <u>Lodi, Ca. 95240</u>	Occupation: <u>Sales / teacher</u> Employer: <u>Romicon Inc.</u> <u>St. Annes School</u>	<u>-</u>	<u>-</u>	<u>500.00</u>	
		Occupation: Employer:				
SUBTOTAL					(a) <u>500.00</u>	

FULL NAME AND ADDRESS OF GUARANTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION	AMOUNT GUARANTEED
	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
<u>NAME OF LENDER</u>	Occupation: Employer:	
<u>NAME OF LENDER</u>	Occupation: Employer:	
SUBTOTAL DO NOT CARRY THIS AMOUNT TO THE SUMMARY BELOW. ENTER ON LINE 18 OF THE SUMMARY PAGE.		(b) \$

SUMMARY

1. LOANS OF \$100 OR MORE RECEIVED THIS PERIOD (Part 1 (a))	\$ <u>500.00</u>	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized)		
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)		<u>500.00</u>
4. LOANS OF \$100 OR MORE REPAYED, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Part 2, Column (c))	<u>-</u>	
5. LOANS UNDER \$100 REPAYED, FORGIVEN OR PAID BY A THIRD PARTY (not previously itemized) (If forgiven or paid by a third party, also enter amount on Line 2 of the summary section of Schedule A)	<u>-</u>	
6. TOTAL LOANS REPAYED, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5)		<u>-</u>
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page		\$ <u>500.00</u>

(May be negative figure)